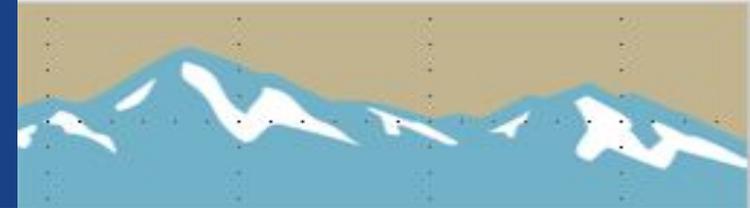


VA



**U.S. Department
of Veterans Affairs**



Culturally Competent Care for Veterans

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Disclaimer and Disclosure Slide

- The views expressed are my own and do not represent the views of the Department of Veterans Affairs, the U.S. Government, the University of Colorado, or other affiliates.
- I have no conflicts of interest to disclose.
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Outline

- Providing Culturally Competent Care
 - Staff training
 - Screening
- Boosting Social Support
 - The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk (COVES)
 - Firearm Family Safety Training (FAST)
- Connecting with VA for support
 - Suicide Risk Management Consultation Line
 - REACH OUT

Veteran Suicide Statistics

U.S. Rates

According to the CDC, suicide remains within the **top 10-leading** causes of death (CDC, 2019)

Veteran Rates

- **17** veterans die from suicide **everyday** (VA, 2021)

VA Response

In response, VA has built a robust program (VA, 2018)

Public Health Approach to Suicide Prevention

Universal (*all*)

- Critical partnerships established
- National Sports Shooting Foundation (NSSF) partnership
- Johnson & Johnson PSA
- #BeThere campaign

Selective (*some*)

- Mental Health hiring initiative
- Lethal means safety training
- Mental health care for Other Than Honorable discharged Veterans
- Executive Order to expand Veteran eligibility for mental health care
- DoD/VA transition MOA
- SAMSHA Mayor's Challenge
- Telemental health
- Treatment engagement
- Open innovation safe gun storage challenge
- VCL info printed on VA canteen receipts

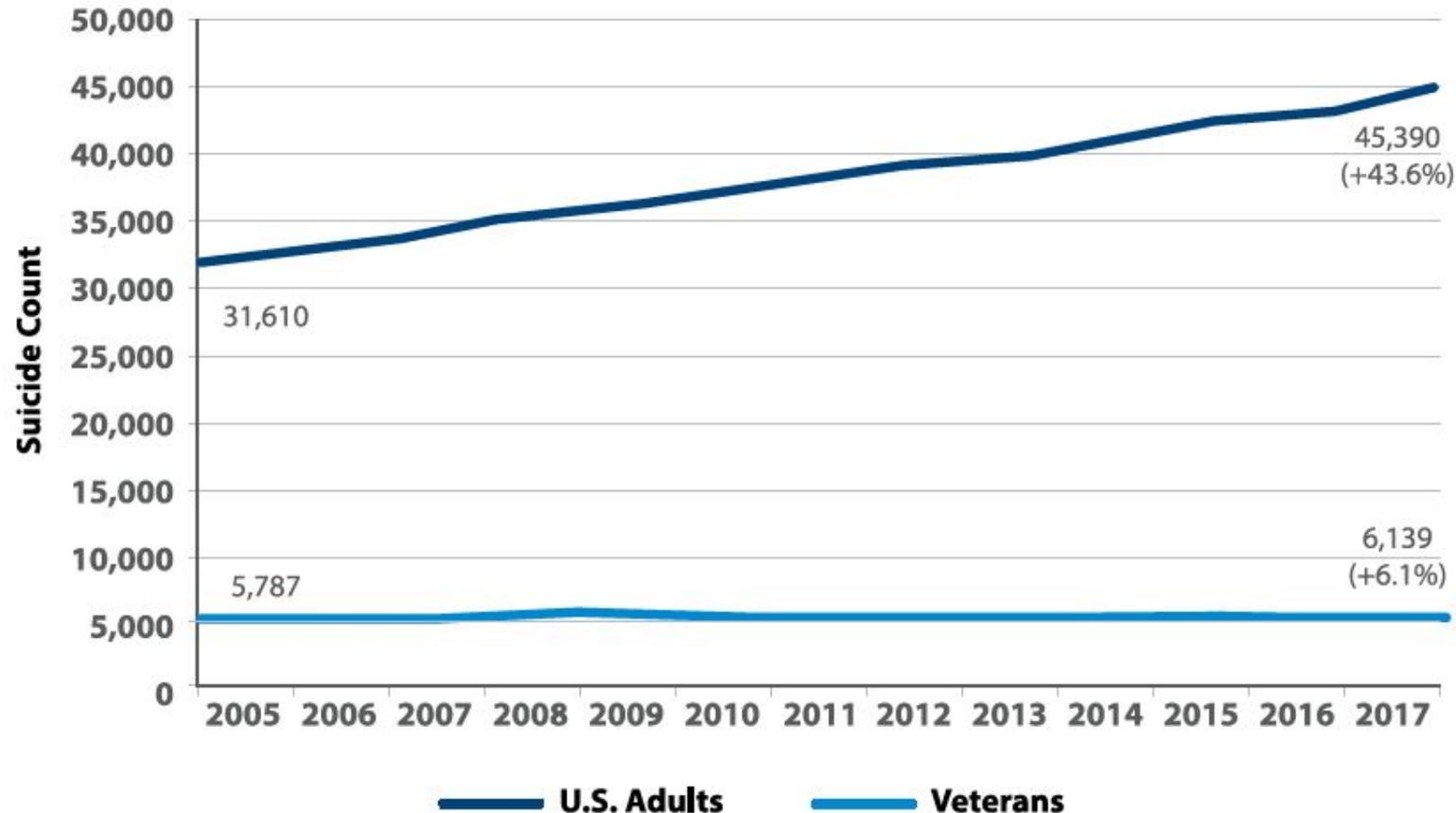
Indicated (*few*)

- High Risk Flag (HRF) Monitoring
- REACH VET
- Discharge planning and follow-up enhancements
- Expansion of Veterans Crisis Line (VCL) services
- S.A.V.E. training
- Postvention: follow-up care for family members and friends of someone who has died by suicide

Current facility SPC efforts begin here

Veteran Suicide Statistics

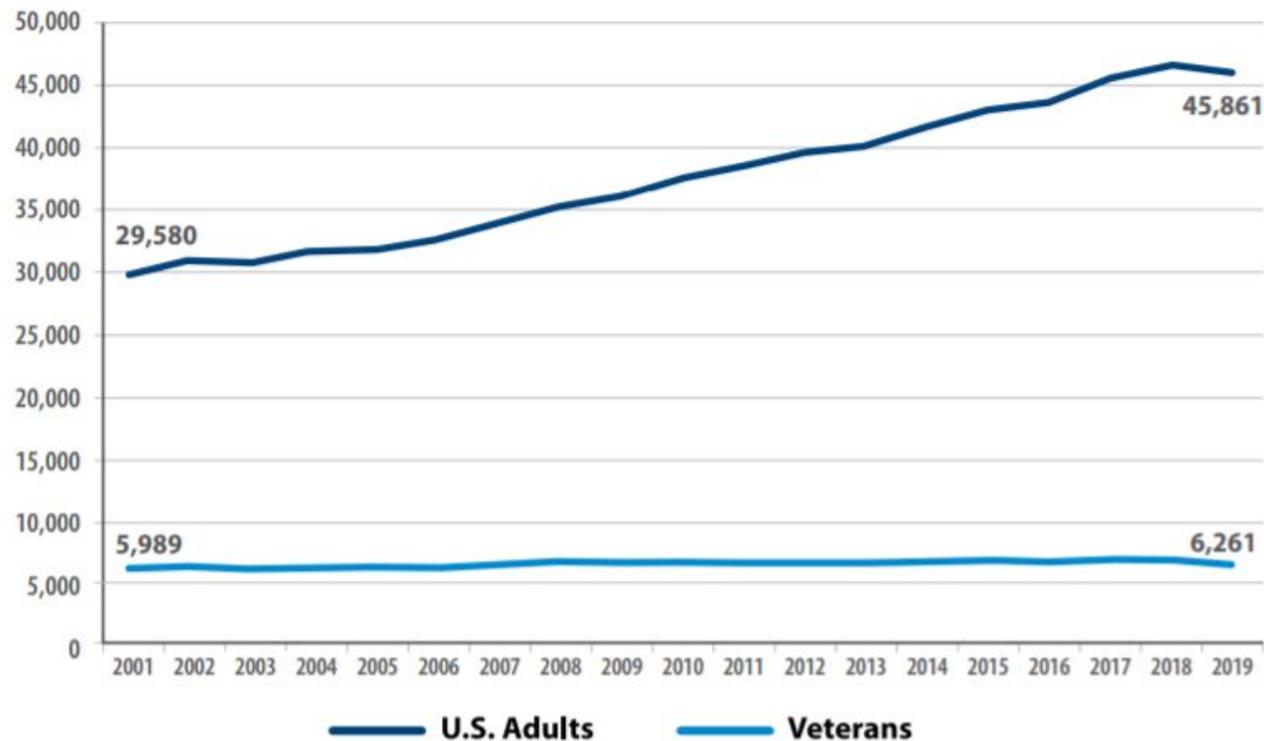
U.S. suicide rates vs. Veteran suicide rates (VA, 2019)



Veteran Suicide Statistics

U.S. suicide rates vs. Veteran suicide rates (VA, 2021)

Figure 1: Suicide Deaths, by Year, 2001–2019



What is a Learning Collaborative?

- Learning collaboratives are effective in implementing best practices into healthcare systems (IHI, 2004)
 - Bring together healthcare organizations
 - Collectively work to implement a healthcare best practice
- Improved outcomes from learning collaboratives
 - Improved patient safety (Kosseff & Niemeier, 2001)
 - Decreases in emergency department waiting times (Toncich et al., 2000)
 - Improved management of chronic illnesses (Von Korff et al., 1997)

Learning Collaborative Process

LC Meeting 1

- Introductions
- Organizational Self-Study
- Blue Print



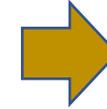
LC Meeting 2

- Share Blueprints
- Action Plan



LC Meetings 3-5

- Share Action Plans
- Prepare and Implement PDSA Cycles
- Share Results



LC Meeting 6

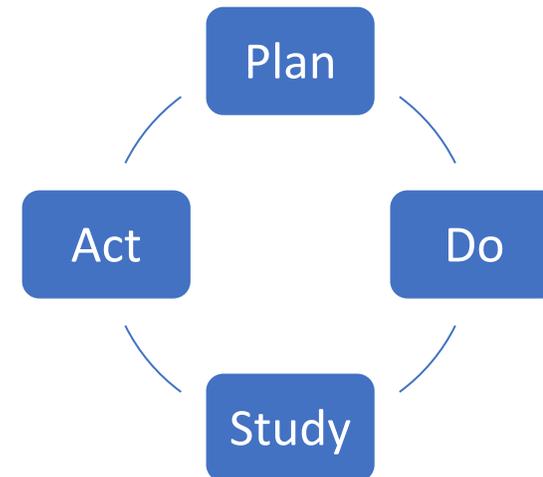
- Implement Long-Term Community of Practice

Coaching Call 1:

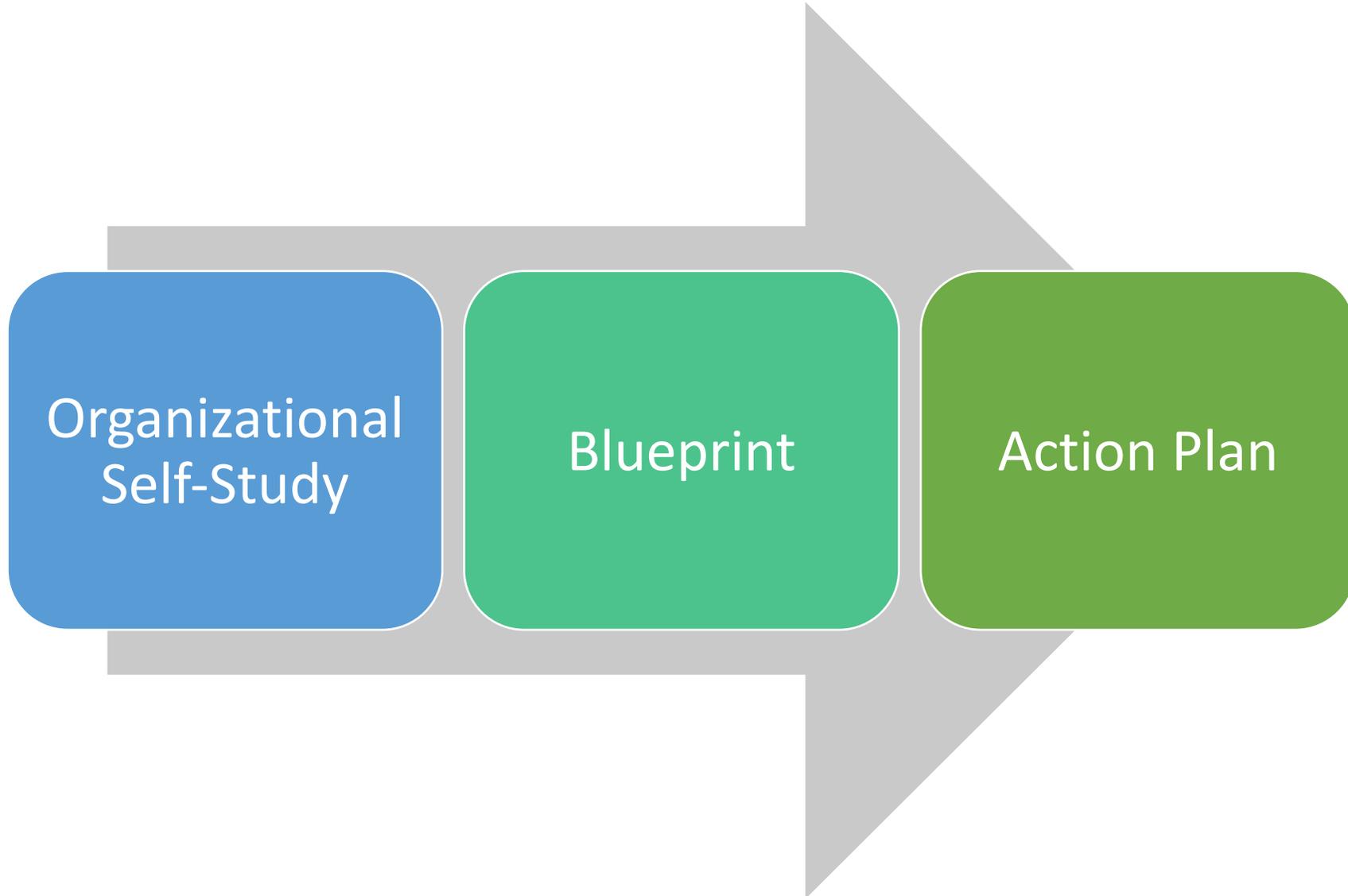
- Review Organizational Self-Study
- ### Coaching Call 2:
- Build the Blueprint
- ### Coaching Call 3:
- Prepare for Action Plan

Coaching Call 1:

- Create Action Plan
- ### Coaching Call 2:
- Review Action Plan
- ### Coaching Call 3:
- Prepare for 1st PDSA cycle



Process



Training

- Military Cultural Competency for Staff and Providers
 - Psych Armor:
<https://psycharmor.org/sign-up/governors-challenge-portal/?gid=359945&unf3T4BGF1tSw>
 - VHA Train: <https://vha.train.org/vha/login>
 - Online library of all of VA's training resources
- Suicide Prevention Training for Staff and Providers
 - SAVE Training via VHA Train

Universal Screening

- Through the learning collaborative support
 - Screening for Veteran and Veteran family member status
 - Screening for suicide risk

Screening for Veteran/Family Member Status

- Establish a process for how your organization will screen
 - Establish what information you want to collect for what purpose
 - Screen for Veteran or Veteran family member status by asking:
 - Did you ever serve in the armed forces?
- Train staff in screening procedures
- Use data to drive changes to your organization

Screening for Veteran/Family Member Status

- VA Community Provider Toolkit:
<https://www.mentalhealth.va.gov/communityproviders/>

Community Provider Toolkit

Asking about Military Experience

Working with Veteran Populations

Supporting Veteran Mental Health & Wellness

Navigating Veteran Benefits & Services



Screening for Veteran/Family Member Status

- VA Community Provider Toolkit

Community Provider Toolkit

Asking about Military Experience

Working with Veteran Populations

Supporting Veteran Mental Health & Wellness

Navigating Veteran Benefits & Services

Asking about Military Experience

Awareness of your clients' military service and the potential implications can inform treatment planning and open doors to resources and benefits.

Screening for Veteran/Family Member Status

- Establish a process for how your organization will screen
 - Establish what information you want to collect for what purpose
 - Establish data collection if desired
 - Screen for Veteran or Veteran family member status by asking:
 - Did you ever serve in the armed forces?
- Create a standard operating procedure
- Train staff in screening procedures
- Use data to drive changes to your organization

Screening for Veteran Suicide Risk

- Recommend only if your organization has a licensed mental health professional
- Establish a process for when your organization will screen
 - Intake? Every contact?
- Establish a process for how your organization will screen for Veteran Suicide Risk
 - PHQ-9
 - Columbia
- Create a standard operating procedure
- Train staff in screening procedures
- Use data to drive changes to your organization

Screening for Veteran Suicide Risk

- This sounds great, but I want more help
- Starting up a new collaborative for organizations who accept VA Community Care – Triwest
- Bryann.debeer@va.gov

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Psychiatry Research 216 (2014) 357–362

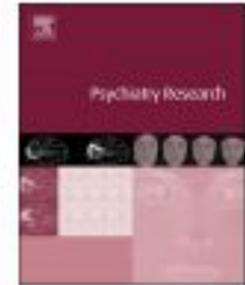


ELSEVIER

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Combined PTSD and depressive symptoms interact with post-deployment social support to predict suicidal ideation in Operation Enduring Freedom and Operation Iraqi Freedom veterans



Bryann B. DeBeer^{a,b,*}, Nathan A. Kimbrel^{c,d}, Eric C. Meyer^{a,b}, Suzy B. Gulliver^{b,e},
Sandra B. Morissette^{a,b}

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

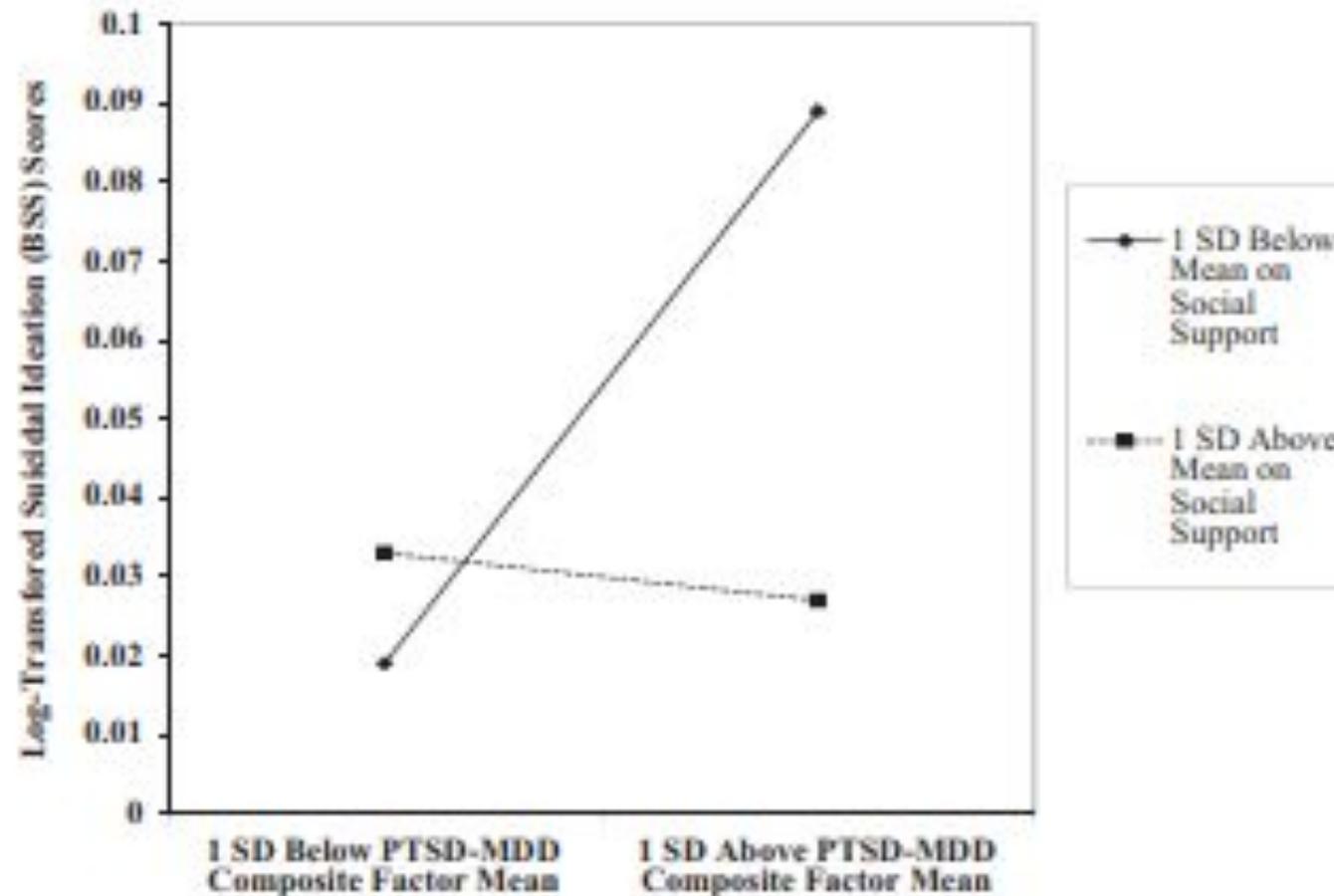


Fig. 1. Plot of social support \times PTSD–depression symptoms interaction predicting suicidal ideation among OEF/OIF Veterans ($N=130$). Note: PTSD, post-traumatic stress disorder; MDD, major depressive disorder; BSS, Beck suicide scale.

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

- Connection in the form of social support can protect against suicide risk

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

- Social connectedness
 - Critically important to wellness
 - Buffers against suicide risk (DeBeer et al., 2014)
- COVID-19 Public health mitigation strategies are necessary
 - Social distancing, quarantines
- Has had negative impacts on mental health and wellbeing during the COVID-19 pandemic (Bu et al., 2020; Groarke et al., 2020; Li et al., 2020)

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

- May impact a Veteran's ability to access needs such as transportation and healthcare
- The pandemic created great needs around employment, food security, finances (Fitzpatrick et al., 2020)
 - Risk factors for suicidal thoughts (Fitzpatrick et al., 2020)
- Decreased ability to engage in coping strategies (e.g., group exercise, group social events)

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Aim

- Investigate the impact of the pandemic and social distancing on one's social support system, via a social network analysis, as well as impacts on needs

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Methods

- 233 Veterans enrolled in the national VHA system
- Recruited through targeted mailings
- Oversampling
 - Mental health diagnoses
 - Positive COVID diagnosis
- One-time, 90-minute online survey

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Variables and Measures

- Social Network Analysis
 - Identify personal support networks, including organizations and healthcare providers
 - Type, trust, dependency, support, importance, and networking
 - Changes in network that have occurred during the pandemic
 - Needs that have changed during the pandemic (e.g., finances, transportation)
 - Who in the network can assist with needs
 - Asked about network prior to the pandemic (e.g., prior to March 2020) and present

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Results

- Veterans perceived mental health to be worse since March 2020 ($p < .001$)
- The most pressing new needs since pandemic:
 - Health (19%)
 - Behavioral health (14%)
 - Finances (14%)
- 31% of Veterans had 4 or more pressing needs

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

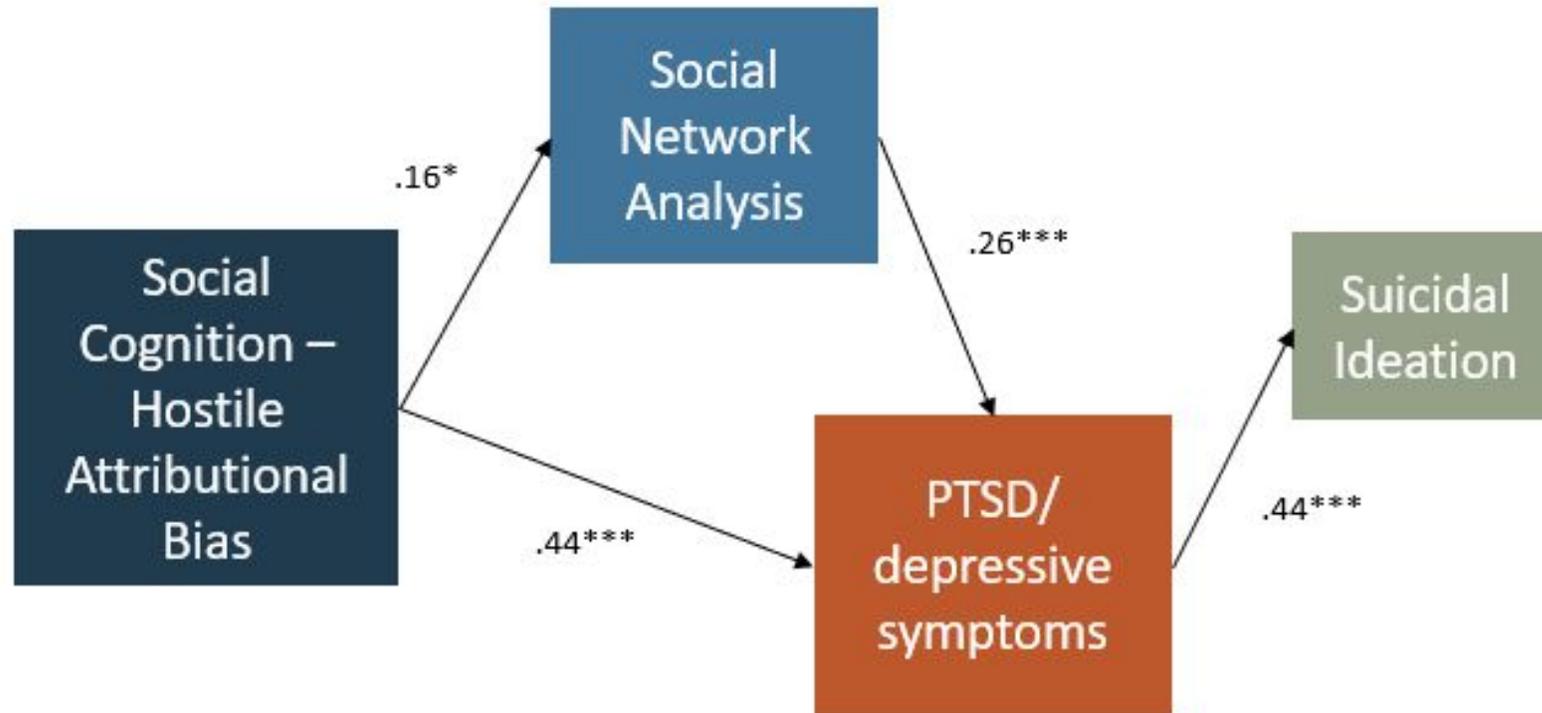
Results

- Social support networks did not address these needs
 - Most Veterans could not identify a network member to help with their needs
 - 70% could not identify a network member to assist with a healthcare need
 - 63% with mental health or behavioral health needs could not identify a network member to help

The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Results

- Path analysis



The Impact of COVID-19 and Social Distancing on Mental Health and Suicide Risk in Veterans

Conclusions

- Veterans do not perceive network members to be working together to coordinate mental health and healthcare needs
 - How can we harness network members in service of suicide prevention?
- Adverse social connectedness is associated with mental health symptoms and suicide risk
- This association is worse in individuals with hostile attributional bias
 - Social cognitive interventions may improve this risk

Family FireArms Safety Training (FFAST)

Volume 41/Number 1/January 2019/Pages 4–20/<https://doi.org/10.17744/mehc.41.1.02>

RESEARCH

Quality Improvement Evaluation of the Feasibility and Acceptability of Adding a Concerned Significant Other to Safety Planning for Suicide Prevention With Veterans

Bryann B. DeBeer, Monica M. Matthieu, Julie A. Kittel, Linda C. Degutis, Stephanie Clafferty, Natalie Qualls, and Sandra B. Morissette

FFAST

Social support mitigates suicide risk

- Concerned significant other (CSOs) involvement in suicide care
 - $n = 29$ Veterans, $n = 4$ CSOs
 - Qualitative Interviews
 - 79.3% ($n = 23$) Veterans wanted concerned significant others involved in suicide prevention care
 - 100% ($n = 4$) of CSOs wanted to be involved in the Veteran's suicide prevention care
 - Similar findings for CSO involvement in limiting access to firearms

Firearms Family Safety Training (FAST)

Objective 1: Develop a CSO-involved firearm safety intervention to increase secure storage among Veterans far in advance of a suicidal crisis.

Objective 2: Refine the intervention and understand optimal conditions for implementation using a successive cohort design based on Veteran, CSO, therapist, and expert feedback ($n = 10$).

FAST – Social Support

- Culture oriented to creating plans for safety
 - Hurricanes, fires, tornadoes, do not resuscitate order
- Why not firearm safety?

Worksheet Example

Step 1 – Safe Storage Plan

Step 1) General safe storage plan for firearms when crisis is not present

Veteran Strategies	CSO Strategies
1.	1.
2.	2.
3.	3.

Worksheet Example

Step 2 – Warning Signs of Mental Health Crisis

Step 2) Warning signs of when a mental health crisis is building

Veteran Strategies	CSO Strategies
1.	1.
2.	2.
3.	3.

Worksheet Example

Step 3 – Communication About Mental Health Signs

Step 3) Communicating about the mental health warning signs you have noticed

Veteran Strategies	CSO Strategies
1.	1.
2.	2.
3.	3.

Worksheet Example

Step 4 – Updated Safe Storage Plan for Mental Health Warning Signs

Step 4) Updated safe storage plan for when mental health symptoms are present

Veteran Strategies	CSO Strategies
1.	1.
2.	2.
3.	3.

Worksheet Example

Step 5 – Professionals/Agencies to Contact During Crisis

Step 5) Professionals or Agencies the Veteran can Contact During a Crisis

1. Clinician Name:	Phone:
Pager/ Emergency Contact #:	
2. Clinician Name:	Phone:
Pager/ Emergency Contact #:	
3. Local Urgent Care Services:	
Phone:	Address:
4. VA Suicide Prevention Coordinator Name:	
Phone:	
5. National Veterans' Crisis Prevention Hotline: 1-800-273-TALK (8255)	

FAST – Conclusions

- Manual developed
- Continue to pilot

Connect to VA

- Numerous resources available
- Suicide Risk Management Consultation Program
 - [SRM Home - MIRECC / CoE \(va.gov\)](https://www.va.gov/srm/)
- “Never Worry Alone”
- Provides free consultation and support to clinicians providing services to Veterans who are at risk of suicide
- VA or community clinicians

Connect to VA



Supporting Providers Who Serve Veterans

[Home](#)[About](#)[How It Works](#)[FAQ](#)[Lecture Series](#)[Tools and Training](#)[Share SRM](#)

The Suicide Risk Management Consultation Program (SRM) provides free consultation, support, and resources that promote therapeutic best practices for providers working with Veterans at risk of suicide.

Connect to VA

COVID-19 Message

During this critical time, SRM experts continue to be available for suicide risk management consultation.



Learn How SRM Helps

Are you a provider supporting Veterans? Learn how SRM can help you treat Veterans at risk of suicide.

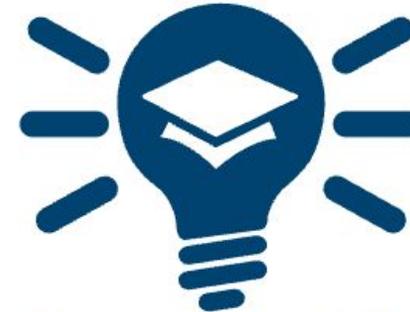
[Start Here](#)



Request A Free Consult

SRM offers providers a safe space to address Veteran suicide treatment concerns. Request a free consult.

[Start Here](#)



Sharpen Your Skills

Providers can best serve Veterans when they have the resources they need. Access SRM's free tools and trainings.

[Start Here](#)

Connect to VA

Request a Free Consult

At any point in time you need support, validation, or some direction around treating a Veteran who is at risk of suicide, you can **request a free consult** with an expert in Veteran suicide risk assessment and management.

SRM experts provide support around issues such as:

- Risk assessment
- Conceptualization of suicide risk
- Lethal means safety counseling
- Strategies for how to engage Veterans at high risk
- Best practices for documentation and provider support after a suicide loss (postvention)

[Request a Consult](#)



Connect to VA

✓ MOST RECENT LECTURE

Understanding and Navigating Elevated Suicide Risk when Working with Justice-Involved Veterans

November 10, 2021 2:00 ET

Ryan Holliday, PhD; Matthew Stimmel, PhD; Katharine Stewart, LCSW; Alisha Desai, PhD

Veterans may experience difficulty readjusting to civilian life and have difficulty managing mental health issues, injuries, or trauma that may result in Veteran involvement in the criminal justice system.

Research indicates that justice-involved Veterans may face various psychosocial stressors which can increase their risk for suicide.

This month, a panel of presenters (Holliday, Stimmel, Stewart and Desai) will discuss how to navigate elevated suicide risk when working with justice-involved Veterans.

Recorded Lecture Coming Soon



Reach Out

- <https://www.va.gov/REACH/>

Don't wait. Reach out.

**Life has its challenges.
As a Veteran you don't
have to solve them
alone.**

Use this site to get support that is designed specifically for you. If you're a family member or a friend, you can also find resources that are designed specifically for the Veteran in your life.

Get Support & Resources



Collaborators

Sylvia Baack, R.N., Ph.D.	Nathaniel Mohatt, Ph.D.	Sandra Morissette, Ph.D.
Kathryn Bongiovanni, L.C.S.W.	Lindsey L. Monteith, Ph.D.	Mona Treyball, Ph.D.
Elisa Borah, Ph.D.	Alan Peterson, Ph.D.	Monica Matthieu, Ph.D., L.C.S.W.
Craig Bryan, Psy.D.	Edgar Villarreal, Ph.D.	Elizabeth Karras-Pilato, Ph.D.
Kattina Bryant, L.C.S.W.	Kimberly Weinberg, L.C.S.W.-S.	Natalie Qualls, L.C.S.W.
Ruth Cassidy, L.C.S.W., M.Div	Marjory Williams, Ph.D., R.N.	Joseph Mignogna, Ph.D.
Stephanie Clafferty, L.C.S.W.	Justin Benzer, Ph.D.	Ryan Holliday, Ph.D.
Germaine Franciosi, R.N., B.S.	Lisa Brenner, Ph.D.	Robin Keene, Ph.D., R.N.
Jenna Heise, M.A.	Cathy Battaglia, Ph.D., R.N.	Nathan Kimbrel, Ph.D.
Claire Hoffmire, Ph.D.	Kelly Gahan, M.D.	Danielle Varda, Ph.D.
Rose Hardy, Ph.D.	Joseph Simonetti, M.D.,	Marcy Polk, M.S.N.

Staff

Samantha Synett, L.C.S.W.

Dawn Pierson, M.S.

Taylor Phillips, B.A.

Tabitha Alverio, M.A.

In Closing

Questions?

bryann.debeer@va.gov